

End of Life Issues

Emergency providers have always been involved in end-of-life events. The immediate response of the EMT to a dying person has usually been to work aggressively to prolong the life of the patient. In most cases, this is completely appropriate. However at times the patient's disease process is so advanced that no treatment – whether in a hospital or the field – will be beneficial.

We now have a greater understanding of, and support for, those who decide to die at home without aggressive intervention. There is increased recognition of the needs of others (primarily family and friends) in an end-of-life event, and accordingly, there are higher expectations of field providers. As a result of this, our society is changing its response to those with terminal illness, advanced age, or extensive medical history.

Procedures

In general, an EMT can perform the following procedures at an expected natural death. Please refer to your department's policy for more information.

- Evaluate the patient and the situation.
- Check for patient's wishes, decisions, and documentation.
- If indicated, determine that no effort will be attempted, or cease efforts if started.
- Inform family of outcome and answer any questions they may have.
- Provide support to the family.
- Inform family of the procedure that will follow.
- Request police according to your department's policy.
- Gather information about the deceased:
 - * Name, age, date of birth
 - * Address and telephone number at the scene
 - * Medical history and medications
 - * Circumstances leading to the death
 - * Procedures done, if any
 - * Time of death
 - * Name and phone number of patient's physician
 - * Funeral home name and phone number
- Optional (follow departmental guidelines)
 - * Call the Medical Examiner (206-731-3232) to report an expected, natural, out-of-hospital death. Follow the voice prompts to speak to an investigator.
 - * Provide the information requested.
 - * The Medical Examiner will issue a No Jurisdiction Assumed (NJA) number.
 - * Contact the funeral home and give them the NJA number.
 - * Request clergy if requested. Department chaplains may be available, follow policy.

- * Once the NJA number has been issued, EMS personnel can leave the scene, it is not necessary to wait for the funeral home.
- * **IMPORTANT:** If no NJA number is provided, or if the circumstances seem suspicious or unexpected in any way, request the police or the medical examiner and wait for them to arrive.

The family is experiencing a profound loss; be respectful and aware of general demeanor at the scene. Every end-of-life event is different. Deaths range from the tragic and incomprehensible death of a child from a traumatic event, to the quiet and expected death of an elder, at home surrounded by loved ones. Over time, each EMT will develop his or her own way of handling such an event. Keep the following guidelines in mind:

- People call 9-1-1 for a variety of reasons, not necessarily because they expect or want an aggressive resuscitation effort. When in doubt, ask.
- Reactions to death – even an expected death – are unpredictable, and may include anger, apathy, resignation, guilt, and shock.
- When possible, choose one EMT to communicate with the family, in order to provide continuity at a chaotic time. Details of the death should be provided with simple, direct, honest words.
- As long as they are not disruptive, family members can be permitted to view an ongoing resuscitation. When possible, keep them informed during the proceedings. Be honest: prepare them for the likelihood of death. If a gravely ill patient is being transported and if time permits, family can be encouraged to come up and touch or say something to the patient; if the person does not survive, the family may derive some comfort from this.
- If efforts have ceased, the family may want to see and touch the deceased. If an NJA number has been obtained, consider putting the person back in bed or covering with a blanket or sheet.
- Offer to contact family, friends, or clergy. Refer to support groups if appropriate (See Community Resources in the Appendix)

Every competent adult has the right to make decisions about his or her health care. These decisions may determine whether or not a resuscitation should be attempted in the event of a cardiac arrest. EMTs have the responsibility to determine a patient's resuscitation wishes, and honor them if possible.

Attempted resuscitation efforts may be withheld or stopped in ANY of the following:

- Injuries incompatible with life
- Lividity, rigor mortis
- A valid Washington State EMS No CPR directive or bracelet

- A DNAR directive other than the EMS No CPR directive. This directive may be in the POLST (Physician Orders For Life-Sustaining Treatment) format. This is based on patient's wishes and medical indication. It summarizes any advance directives.
- "Compelling reasons" can be invoked when written information is not available, yet the situation suggests that the resuscitation effort will be futile, inappropriate, and inhumane. A resuscitation effort may be withheld when the following two conditions are BOTH met:
 - 1) End stage of a terminal illness is present
 - 2) Request from the family that no resuscitation effort be attempted

The EMT should specifically ask the family about their resuscitation wishes or the presence of advanced directives.

If a resuscitation effort has been initiated and the EMT is provided with an advanced directive or compelling reasons that such an effort should be withheld, the resuscitation should be stopped.

Documentation is important. On the MIR, describe the patient's medical history, presence of advanced directive if any, or verbal request to withhold resuscitation efforts.

"Do not attempt resuscitation" does not mean "do not care." A dying patient for whom no resuscitation effort is indicated can still be provided with supportive or palliative measures, which may include the following:

- Clear the airway (including stoma) of secretions with suction device.
- Provide oxygen using a cannula or non-rebreather.
- Control any bleeding.
- Provide emotional support to patient and family.
- Contact the patient's private physician.
- Contact HOSPICE if involved.
- Paramedics should be called if additional judgment or support is needed.

Supportive measures provide comfort for the patient who has chosen to allow death to occur naturally. They do not include resuscitative measures such as chest compressions, artificial ventilation (use of bag-valve-mask), intubations, IVs, etc.

EMS providers must respect the right of a patient to make his or her own health-care decisions. Acting contrary to a patient's wishes may risk liability. Advanced directives or verbal requests by family members conveying patient's wishes are the expression of an individual's decision about his or her health care. **When in doubt, initiate resuscitation.**